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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	11/21/2001
First Named Inventor	JOSEPH P. ERILCO
Title	ANTERIOR CERVICAL PLATE HAVING POLYAXIAL SLIDING COUPLING ELEMENTS
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-166A

LOCKING

I hereby appoint:

Practitioners at Customer Number

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OR

Practitioner(s) named below:

Name	Registration Number
JOSEPH P. ERILCO	38131
TIMOTHY J. BORTREE	43506

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

Firm or  
Individual Name

JOSEPH P. ERILCO

Address

150 DOUGLAS RD.

Address

City

FAIR HAVEN

State

NJ

Zip

07931

Country

US

Telephone

9173735918

Fax

908 234 1229

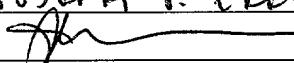
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	JOSEPH P. ERILCO, MEMBER, SPINECORE, LLC
Signature	
Date	11/21/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

F-160A

First Named Inventor

ERRICO

**COMPLETE IF KNOWN**

Application Number

Filing Date

11/21/2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANTERIOR CERVICAL PLATE HAVING POLYAXIAL  
LOCKING SCREWS AND SLIDING COUPLING ELEMENTS**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label  OR  Correspondence address below

Name JOSEPH P. ERICO

Address 151 DOUGLAS RD.

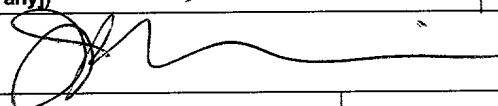
City FAR HILLS	State NJ	ZIP 07931
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Country US	Telephone 9173735918	Fax 9082341229
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) JOSEPH P.	Family Name or Surname ERICO
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Inventor's Signature 	Date 11/2/2001
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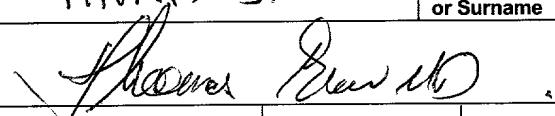
Residence: City KIRKLAND	State WA	Country US	Citizenship US
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Mailing Address 4503 102 ND LANE NE

City KIRKLAND	State WA	ZIP 98033	Country US
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) THOMAS J.	Family Name or Surname ERICO
---	---------------------------------

Inventor's Signature 	Date 11/2/2001
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Residence: City SUMMIT	State NJ	Country US	Citizenship US
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Mailing Address 5 CREST ACRE COURT

City SUMMIT	State NJ	ZIP 07901	Country US
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])  <i>JAMES D.</i>		Family Name or Surname  <i>RALPH</i>	
Inventor's Signature  <i>James D. RALPH</i>		Date <u>11/2/2001</u>	
Residence: City <u>SEASIDE PARK</u>		State <u>NJ</u>	Country <u>US</u>
Citizenship <u>US</u>			
Mailing Address  <u>P. O. Box 99</u>			
Mailing Address  <u>SEASIDE PARK</u> <u>NJ</u> <u>08752</u> <u>US</u>			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
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